



## **Forms & Documents Needed**

Submit the following **at the same time as registration**. Thank you!

Scan and send by email to [Mulholland.barbara@spcollege.edu](mailto:Mulholland.barbara@spcollege.edu) or fax the forms to 727-302-6630

|  |  |
|--|--|
|  | <b>Current CPR/Health Care Provider signed card (front and back)</b>         |
|  | <b>Release of Liability Form</b>   |
|  | <b>Conditions of Student Participation Form</b>                              |
|  | <b>Form indicating if you are right or left handed</b>                       |
|  | <b>Florida Dental Hygiene License number and name that Board has on file</b> |
|  | <b>Medical/ Dental History (2 pages)</b>                                     |

**RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY**

I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Student/Participant) (Street) (City) (State) (ZIP Code)  
 in consideration of being granted permission to take or participate in Local Anesthesia Administration for the DH  
 (Course/Activity)

at St. Petersburg College, or other college-sponsored event or activity, do hereby release, and forever discharge the Board of Trustees of St. Petersburg College, the college, its officers, employees, and agents of and from any and every claim, demand, action, or right of action, of whatever kind or nature, either in law or equity arising from or by reason of or including any loss, damage or injury including death that I may suffer as a result of my participation in the above course or activity specifically including any loss, damage, or injury, including death that I may suffer as a result of the negligence of the Board of Trustees of St. Petersburg College, its Trustees, officers, employees or agents.

It is my desire to participate in the above course or activity and I am aware of the potential risks and hazards inherent in participation in the above course or activity, which I voluntarily enter into. Further, the course of instruction or activity that I am involved in as described above includes the potential risks of incurring loss, damages and/or injuries, including death, which may be sustained by me or to my property. Having voluntarily entered into said course of instruction or activity, I hereby acknowledge that I knowingly agree to assume the risks of loss, damage or injury including death that may be sustained by me or to any of my property.

In addition, should this release relate to a travel activity, I am aware of the potential risks of vehicle accidents, of violence, of hijacking or other acts of terrorism, and I specifically include these potential risks within the scope of this release. I further voluntarily assume all risks of loss, damage, or injury, including death that may be sustained by me or to any property of mine relating to travel activity. I understand that should I choose to drive my personal vehicle that my personal vehicle insurance will be responsible for any liability connected with the transportation of myself and any other passengers.

I further hereby agree to hold the Board of Trustees of the St. Petersburg College, its trustees, officers, employees and agents harmless from any and all liability, claims, demands or actions whatsoever arising out of any loss, damage or injury, including death, that may be caused or sustained by me as a result of my participation in the above course or activity.

This Release of Liability, Assumption of Risk and Indemnity shall be binding upon the student/participant, the parents/guardians of the student/participant (if student/participant is under 18 or incompetent), distributees, heirs, next of kin, personal representatives, executors, administrators and assigns of the student/participant and of the undersigned.

In signing this, I acknowledge that I have read the foregoing, that I understand and acknowledge the significance and consequence of this Release of Liability, Assumption of Risk and Indemnity agreement, and that I am signing it voluntarily.

\_\_\_\_\_  
 Student/Participant signature                      XXXXXXXXXXXXXXXX                      Student number                      \_\_\_\_\_  
 Date

**Parents or legal guardians of student/participant under 18 or incompetent must complete the following:**

I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Parent/Guardian) (Street) (City) (State) (ZIP Code)  
 the mother/father/guardian of \_\_\_\_\_,  
 (Student/Participant)  
 Release on behalf of my son/daughter/ward.

\_\_\_\_\_  
 Parent/Guardian signature    \_\_\_\_\_  
 Date

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, ethnicity, religion, sex, age, national origin, marital status, pregnancy, sexual orientation, gender identity, genetic information, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the college will not tolerate such conduct. Should you experience such behavior, please contact Pamela Smith, the director of EA/EO/Title IX Coordinator at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by email at [eaeo\\_director@spcollege.edu](mailto:eaeo_director@spcollege.edu).

**Clinical Portions of the SPC Dental Hygiene  
Administration of Local Anesthesia  
Continuing Education Course**

I acknowledge that it is for my educational benefit to serve as a patient subject in the clinical components of this course offered by the SPC Dental Hygiene Program.

I have been informed that all activities are performed under appropriate supervision, and according to applicable laws, regulations and safety standards.

I acknowledge that participation in the clinical component of this course includes the educational experience of administering anesthetics, as well as receiving anesthetics.

I acknowledge that I will be receiving anesthetic injections as part of the educational experience by my fellow students, and attest that I am physically and psychologically able to both *administer and receive a number of oral injections of anesthetic agents* as a condition of course completion. I consent to these injections given under the supervision of the program's clinical instructor(s).

I acknowledge that it is my responsibility to determine any medical and/or dental conditions that could or would prohibit me from serving as a patient subject and/or prohibit the safe use of local anesthetic preparations on me.

I have been advised that if I am pregnant, it is the policy of SPC School of Dental Hygiene that a written clearance from a physician is required, so that I may sit as a patient subject for the administration of a minimally effective dosage of local anesthesia for teaching purposes. This documentation must be submitted at least one week before the clinical component of the course.

I acknowledge that if I am taking this course for continuing education purposes and I am unable to sit as a patient subject after registering for the course, that I will not receive a refund or continuing education credits.

I further agree to immediately report any adverse reaction to the anesthetic drug, or any situation of anesthetic administration, to the clinical instructors.

I hereby agree to these conditions of participation as set forth by these statements. My signature verifies that I have had the opportunity to ask questions regarding the circumstances outlined above, to discuss the policies and to release forms contained therein.

Course participant name (PRINT) \_\_\_\_\_

Course participant signature \_\_\_\_\_ Date \_\_\_\_\_

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, ethnicity, religion, sex, age, national origin, marital status, sexual orientation, gender identity, genetic information, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the college will not tolerate such conduct. Should you experience such behavior, please contact Pamela Smith, the director of EA/EO/Title IX Coordinator at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by email at [eaao\\_director@spcollege.edu](mailto:eaao_director@spcollege.edu).

**Right or Left handed Form**

Name: \_\_\_\_\_

Indicate by clicking **yes** beside the one that applies:

Right Handed  Yes

Left Handed  Yes

**Please return with other forms!**

**Name recorded with the Department of Health on your DH License:**

Name (print) : \_\_\_\_\_

DH License # : \_\_\_\_\_



## DENTAL HISTORY

**YES NO**

|  |                          |                          |
|--|--------------------------|--------------------------|
| 1. What is your chief dental complaint? Describe:                                |                          |                          |
| 2. Do you have problems with your TMJ (jaw joints)? Describe:                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are any of your teeth sensitive to cold, heat, or sweets? Where?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had any serious trouble associated with previous dental treatment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you often have sores in or around your mouth?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. When was your last dental treatment?  |                          |                          |
| 7. What was the appointment for?   |                          |                          |
| 8. How often do you brush?   |                          |                          |
| 9. How often do you floss?   |                          |                          |
| 10. Do your gums bleed when you brush your teeth?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had gum treatments including grafts? When?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. When was the last time you had dental x-rays taken and what type?            |                          |                          |
| 13. Do you like your smile? Why or Why Not?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does food catch between your teeth?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you have any loose teeth?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you want to keep your remaining teeth? Why?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have your past experiences in a dental office always been positive? Explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you have dental implants? When were they placed?                          | <input type="checkbox"/> | <input type="checkbox"/> |

### REQUEST FOR TREATMENT AND RELEASE

The undersigned, for himself and/or on behalf of the minor child, hereby requests x-rays and/or treatment from the Dental Hygiene Program of St. Petersburg College, at St. Petersburg, Florida. In exchange for the treatment of the undersigned or of the minor, the undersigned does hereby release, agree to hold harmless and to indemnify the Board of Trustees of St. Petersburg College for any and all causes of action, claims, demands or liability of every kind or character, which may arise out of such treatment on behalf of myself, my heirs, executors and administrators, or on behalf of the minor. The undersigned further agrees that any x-rays taken will remain the property of the Board of Trustees of St. Petersburg College, Dental Hygiene program.

I have read the above and foregoing and the same is executed freely and voluntarily by me.

\_\_\_\_\_ Patient signature    Date

| Date | Type |    | BP | Pulse | ASA | Patient/Parent signature | SPC student signature | Doctor signature |
|------|------|----|----|-------|-----|--------------------------|-----------------------|------------------|
|      | NP   | RC |    |       |     |                          |                       |                  |
|      |      |    |    |       |     |                          |                       |                  |
|      |      |    |    |       |     |                          |                       |                  |

| Date | BP1 | BP2 | BP3 | AVERAGE | Referral (Y/N) |
|------|-----|-----|-----|---------|----------------|
|      |     |     |     |         |                |
|      |     |     |     |         |                |

### REASSESSMENT OF MEDICAL HISTORY

| Date | Changes | BP | Pulse | ASA | Student initials | Instructor Initials |
|------|---------|----|-------|-----|------------------|---------------------|
|      |         |    |       |     |                  |                     |
|      |         |    |       |     |                  |                     |
|      |         |    |       |     |                  |                     |

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida rules Educational Equity Act and all other relevant state and federal laws, and regulations. The college will not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the director of EA/EO at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by e-mail at [eaao\\_director@spcollege.edu](mailto:eaao_director@spcollege.edu).